



GEORGIA MEDICAID FEE-FOR-SERVICE JUXTAPID PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with homozygous familial hypercholesterolemia (HoFH) who are following a low-fat diet (supplying <20% of calories from fat) and have failed to achieve maximum results from LDL-apheresis or are not candidates for LDL-apheresis (due to clinical reasons or proximity to treatment center)

AND

- ❖ Member must have tried and failed a high-dose statin medication and at least one of the following: Ezetimibe (Zetia), Niacin, or Colesevelam (Welchol)

AND

- ❖ Prescribers must submit documentation of a genetic test OR clinical evidence confirming HoFH as well as LDL-C, ALT, AST, alkaline phosphatase, and total bilirubin test results. For female members of reproductive potential, prescribers must also submit documentation of a negative pregnancy test obtained prior to treatment initiation. Clinical evidence of HoFH may include:
 - Xanthomas, corneal arcus, xanthelasmas, life-threatening cardiovascular event at a young age, chest pain or other signs of coronary artery disease at a young age OR a family history of elevated untreated LDL-C (≥ 200 mg/dL) in both parents

AND

- Untreated LDL-C levels ≥ 500 mg/dL OR treated non-HDL cholesterol ≥ 330 mg/dL

OR

- Treated LDL-C levels ≥ 160 mg/dL with established cardiovascular disease

OR

- Treated LDL-C levels ≥ 190 mg/dL without established cardiovascular disease.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.